PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

106/4889

									1001		0 0	<u>/</u>
		CLAIMS A	S FILED - (Column	and the second s				SMALL ENTITY TYPE			OTHEF SMALL	R THAN ENTITY
TOTAL CLAIMS			1×0				Γ	RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FE	E 375.00	OR	BASIC FEE	
TC	TAL CHARGE	minus 20=		* (2)		ŀ	X\$ 9=			X\$18=		
INE	DEPENDENT C	3 minus 3 = *		* 0		ŀ	X42=		OR			
Μt	ILTIPLE DEPE	RESENT					A4Z=		OR	X84=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								CMALI	. ENTITY	O D	OTHER	
-	<u>. </u>	CLAIMS	1	HIGHE		(Column 3)	SMAL	SWALL	- ENTITY	OR	SMALL	ENIIIY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESI	ENTATION OF MI	JUTIPLE DEF	PENDENT	CLAIM				-			
								+140=		OR	+280=	
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1) CLAIMS	<u> </u>	(Colum		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	25.
	TINO) PRESE	ENTATION OF ML	ATTIPLE DEP	'ENDENT (CLAIM		+	 -140=		OR	+280=	
			3				ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
5	Total	*	Minus	**		7	,	√ \$ 9=		OR	X\$18=	
A ME	Independent	PRESENTATION OF MULTIPLE DEPENDENT CLAI				-	X42=			X84=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT (CLAIM	**************************************		\ 1 2-		OR	∧84= 	
* 4	the entry in colu	mn 1 is less than th	e enkv in colo	na 2 wello ")" ja sati		#	140=		OR	+280=	
***(the "Nighest Nu the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Paid	id For" IN THIS id For" IN THIS	SPACE IS I SPACE IS I	ess than	20, enter "20."	一个"一" 医二氯甲醇	TOTAL DIT. FEE in the ap	propriate box		TOTAL ODIT, PEEE	